

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09905 383

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
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48		/				
49		/				
50	/					
TOTAL IND.	6		3			
TOTAL DEP.	57		45			
TOTAL CLAIMS	63		48			
51		/				
52		/				
53		/				
54		/				
55		/				
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95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

PTO-1986 (8-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09905383**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101				1			51						
102				1			52						
103				1			53						
104				1			54						
105				1			55						
106				1			56						
107				1			57						
108				1			58						
109				1			59						
110				1			60						
111							61						
112							62						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

PTO-1998 (8-78)

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